



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:24

Reporting for the week ending 06/13/20 (MMWR Week #24)

June 19th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts

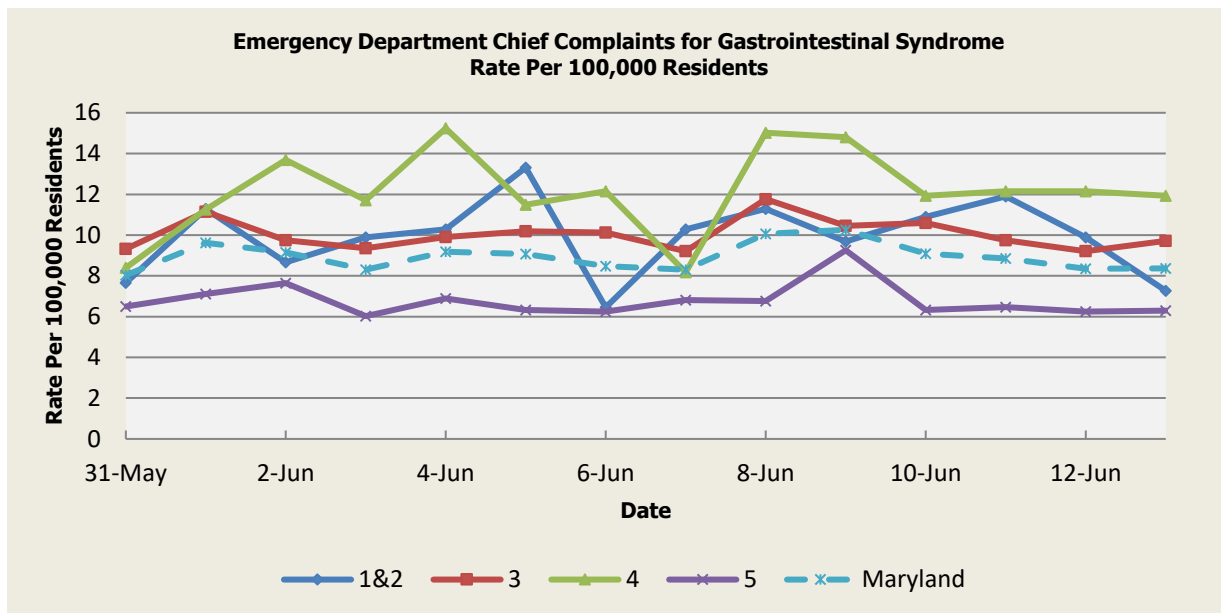
Maryland: **ENHANCED** (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



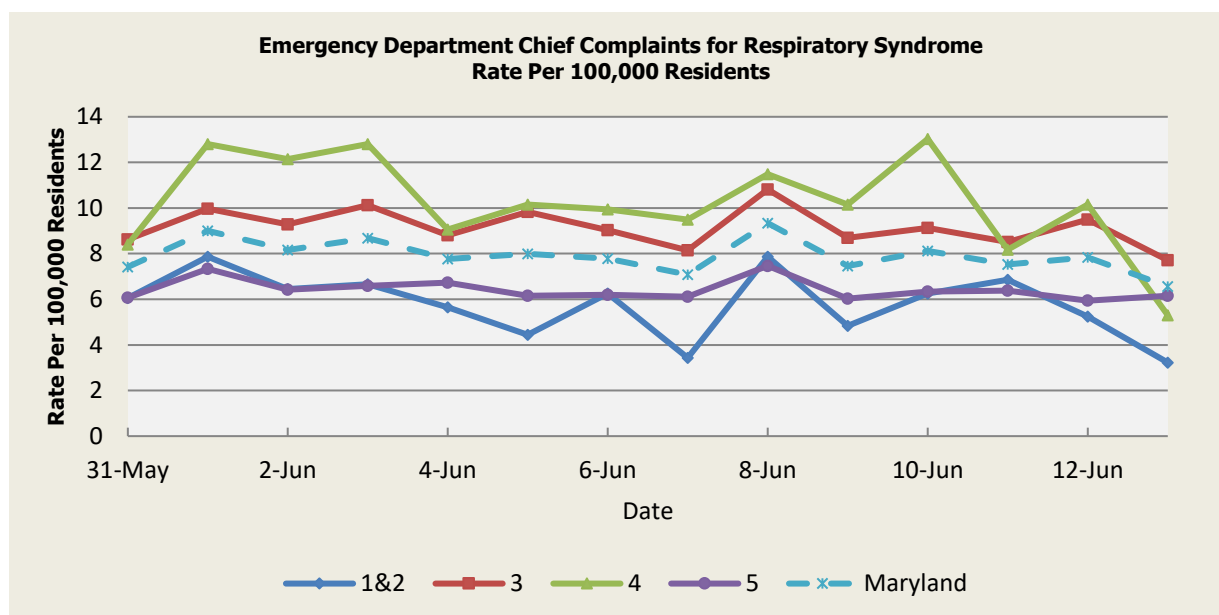
There was one (1) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 3)

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.27	14.98	15.90	10.23	13.09
Median Rate*	13.11	14.83	15.46	10.17	13.02

** Per 100,000 Residents*

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Respiratory Syndrome



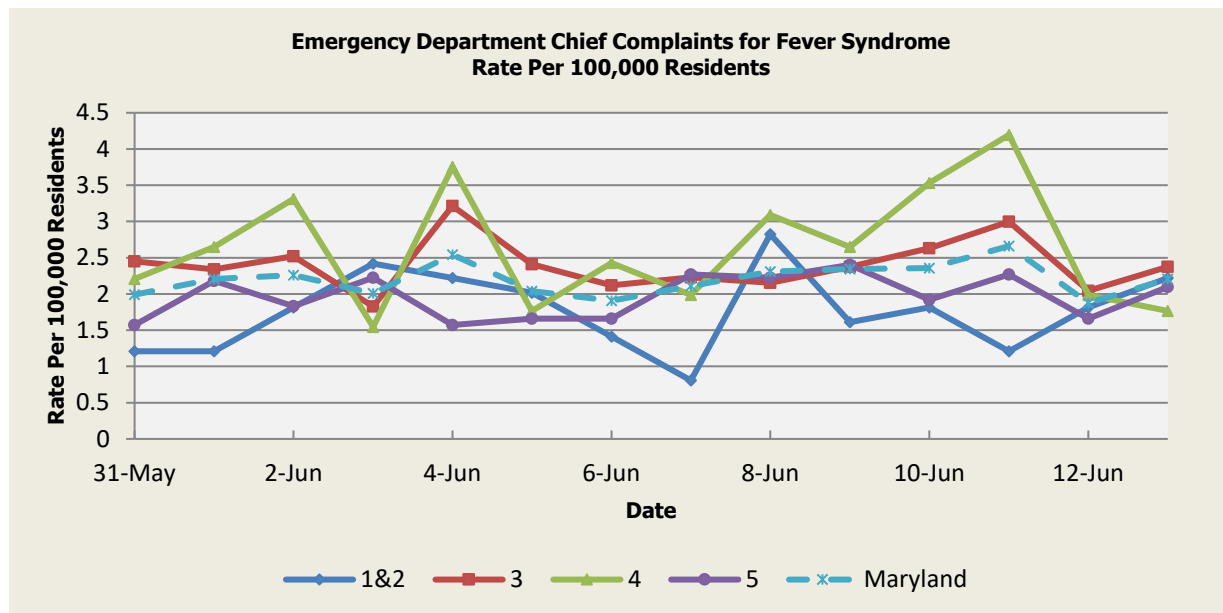
There were twenty eight (28) Respiratory Syndrome outbreaks reported this week: six (6) outbreaks of COVID-19 in Assisted Living Facilities (Regions 1&2,3,5), eight (8) outbreaks of COVID-19 in Group Homes (Regions 1&2,3,5), one (1) outbreak of COVID-19 in a Daycare Center (Region 5), three (3) outbreaks of COVID-19 in Shelters (Region 5), one (1) outbreak of COVID-19 in a Hospital (Region 3), two (2) outbreaks of COVID-19 in Substance Abuse Treatment Programs (Regions 1&2, 3), four (4) outbreaks of COVID-19 in Nursing Homes (Regions 3,4,5), one (1) outbreak of COVID-19 in a Transitional Housing Facility (Region 3), one (1) outbreak of COVID-19 in a Workplace (Region 3), one (1) outbreak of COVID-19 in a Hotel (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.61	14.90	15.26	10.12	12.91
Median Rate*	12.10	14.29	14.57	9.69	12.37

* Per 100,000 Residents

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Fever Syndrome



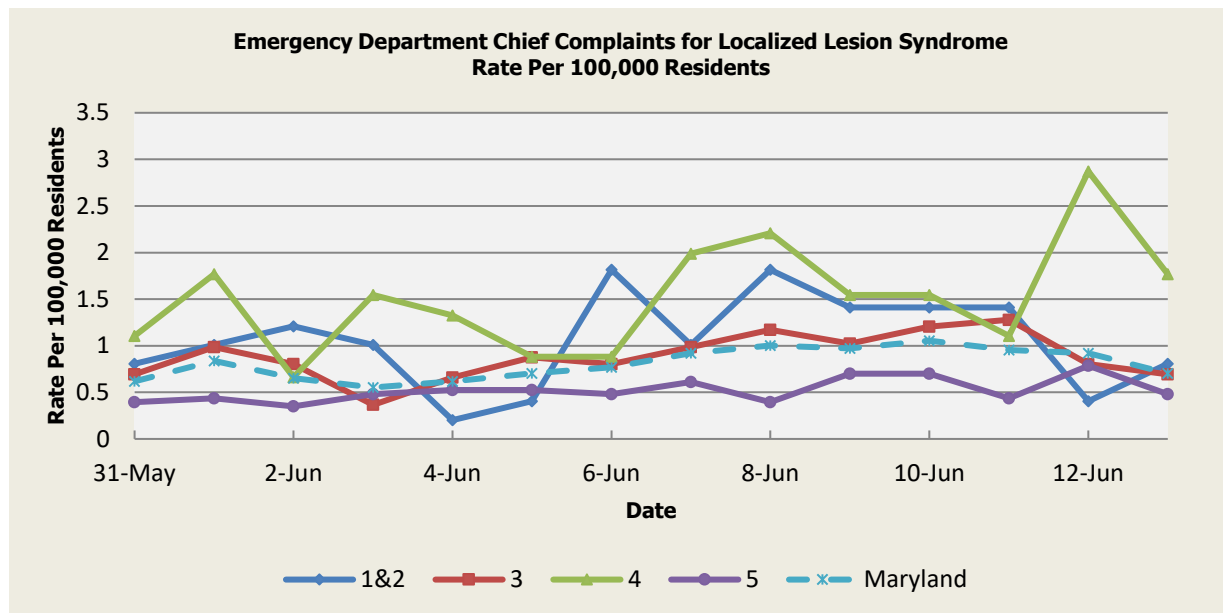
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.10	3.93	4.16	3.07	3.55
Median Rate*	3.02	3.80	3.97	2.97	3.41

**Per 100,000 Residents*

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Localized Lesion Syndrome



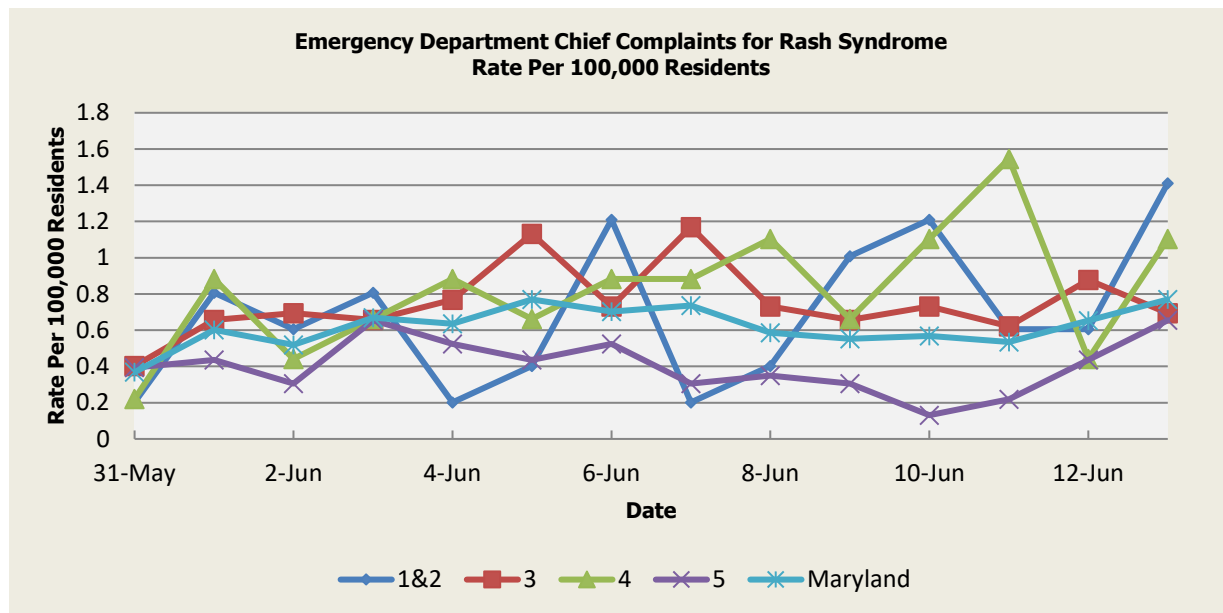
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.16	1.74	2.00	0.89	1.38
Median Rate*	1.01	1.68	1.99	0.87	1.34

* Per 100,000 Residents

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Rash Syndrome



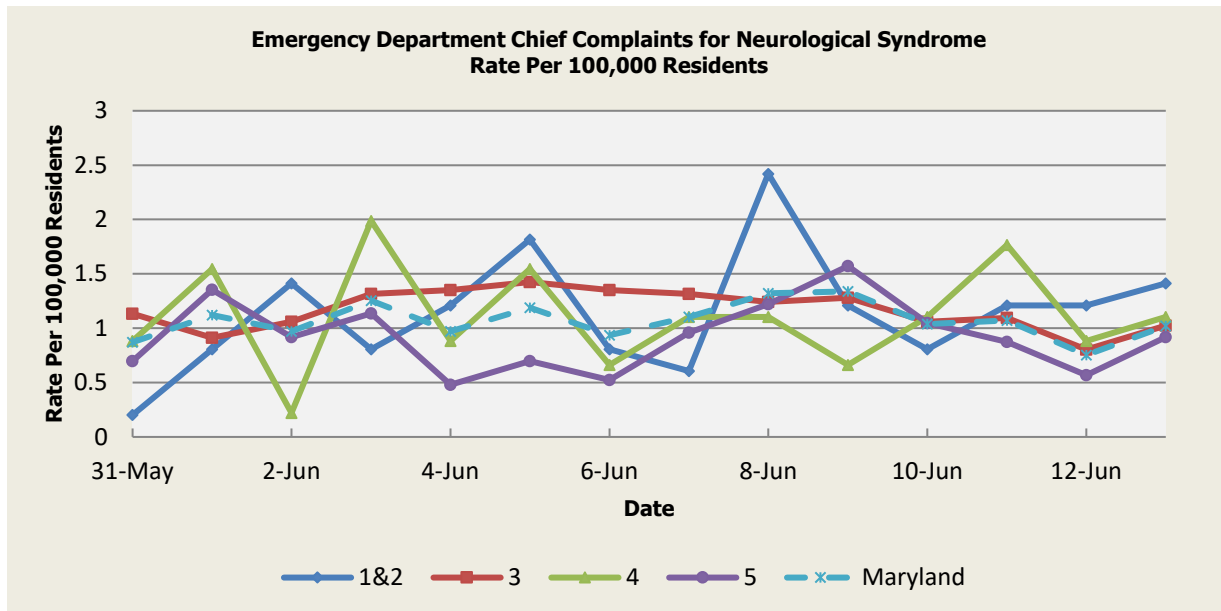
There was no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.63	1.72	0.95	1.34
Median Rate*	1.21	1.57	1.55	0.92	1.31

* Per 100,000 Residents

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Neurological Syndrome



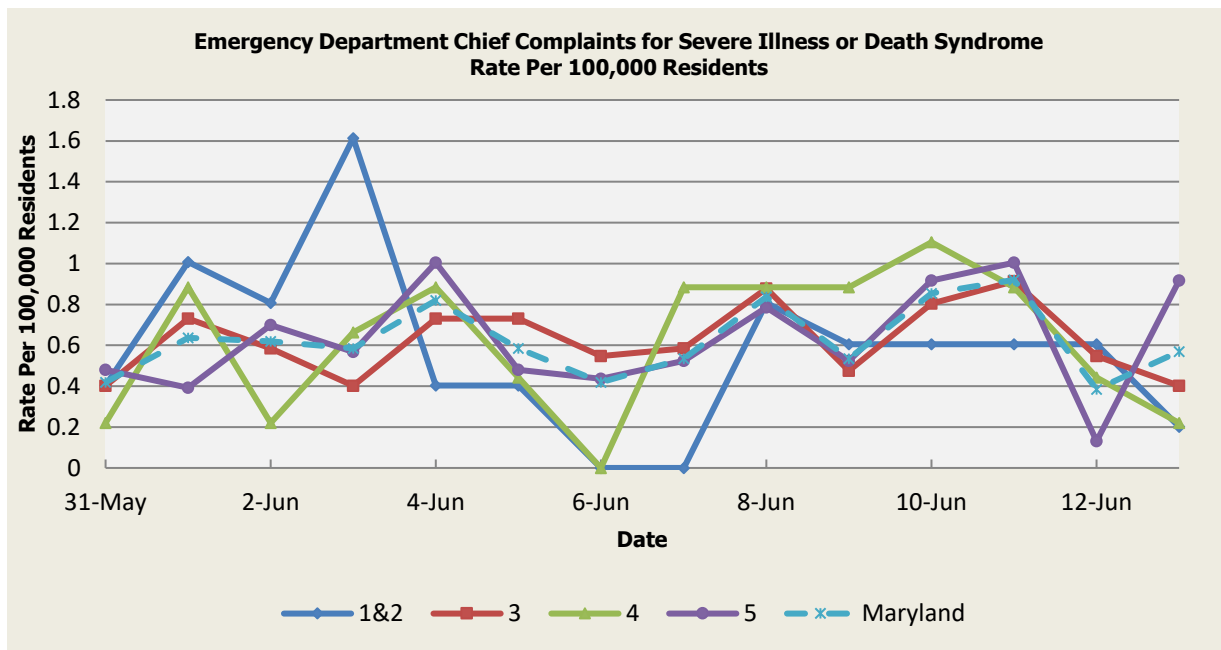
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.81	0.99	0.91	0.63	0.83
Median Rate*	0.81	0.91	0.88	0.57	0.77

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

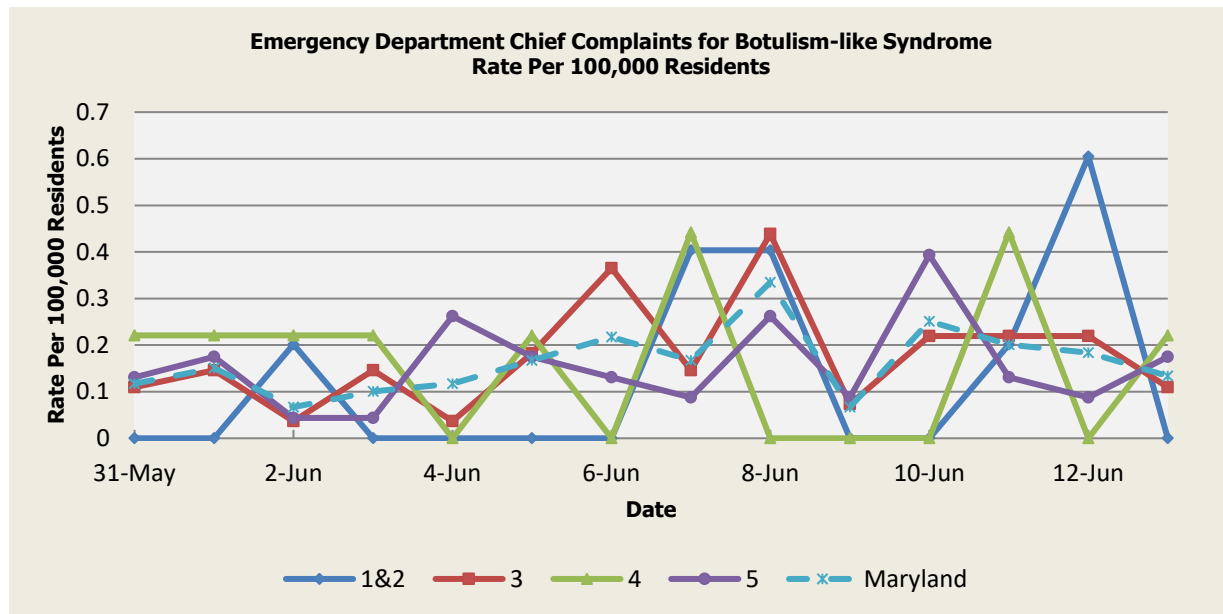
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.88	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.88	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



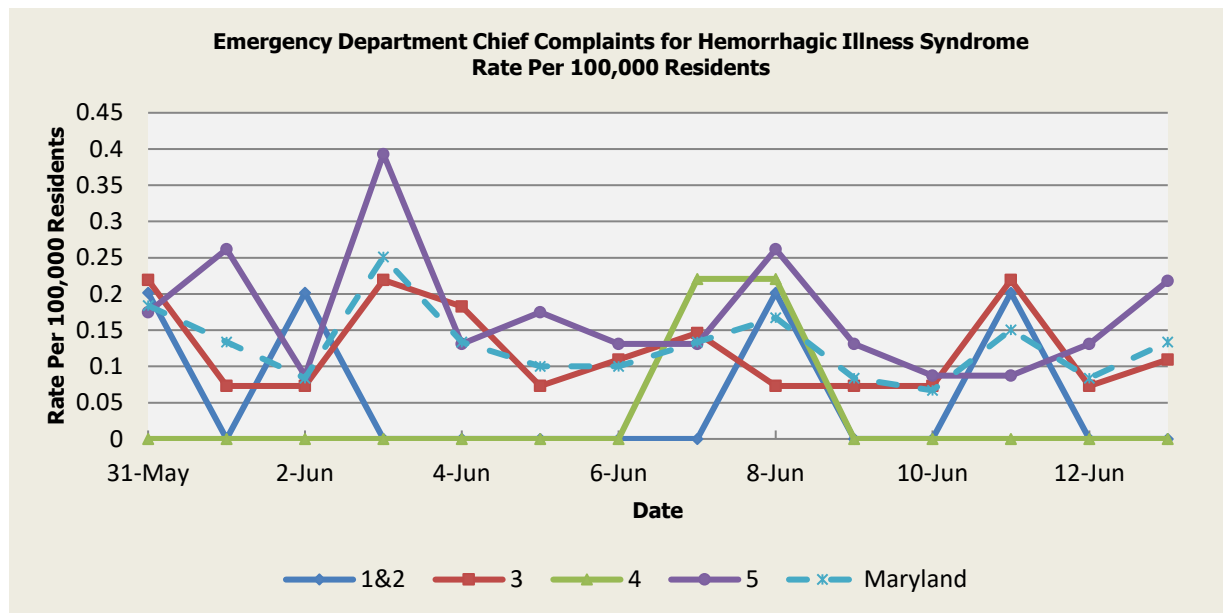
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 5/31 (Region 4), 6/1 (Regions 4,5), 6/2 (Regions 1&2,4), 6/3 (Region 4), 6/4 (Region 5), 6/5 (Regions 4,5), 6/6 (Region 3), 6/7 (Regions 1&2,4), 6/8 ((Regions 1&2, 3, 5), 6/10 ((Region 5), 6/11 (Regions 1&2,4), 6/12 (Regions 1&2), 6/13 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



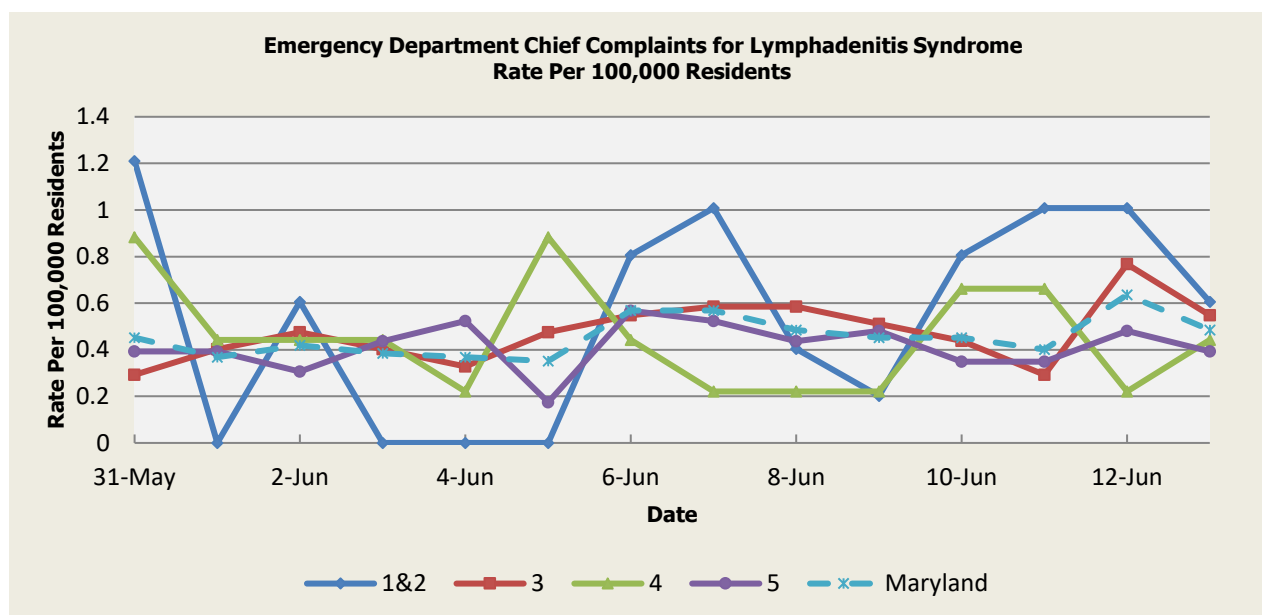
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 5/31 (Regions 1&2), 6/2 (Regions 1&2), 6/3 (Region 5), 6/7 (Region 4), 6/8 (Regions 1&2, 4), 6/11 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.05	0.17	0.04	0.15	0.14
Median Rate*	0.00	0.11	0.00	0.09	0.10

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 5/31 (Regions 1&2,4), 6/5 (Region 4), 6/6 (Regions 1&2), 6/7 (Regions 1&2), 6/10 (Regions 1&2), 6/11 (Regions 1&2), 6/12 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.55	0.44	0.35	0.45

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Coronavirus Disease 2019 (COVID-19) Situation Summary

On March 5th, 2020, the Maryland Department of Health announced the first cases of coronavirus disease 2019 (abbreviated COVID-19) in the State of Maryland.

Confirmed COVID-19 Case Counts in Maryland by County (As of June 19th, 2020)

County	Number of Confirmed Cases
Allegany	187
Anne Arundel	4,862
Baltimore City	6,938
Baltimore County	7,403
Calvert	389
Caroline	288
Carroll	1,028
Cecil	459
Charles	1,294
Dorchester	174
Frederick	2,361
Garrett	10
Harford	1,041
Howard	2,382
Kent	193
Montgomery	13,928
Prince George's	17,709
Queen Anne's	203
Somerset	83
St. Mary's	599
Talbot	113
Washington	601
Wicomico	1,036
Worcester	267
Total	63,548

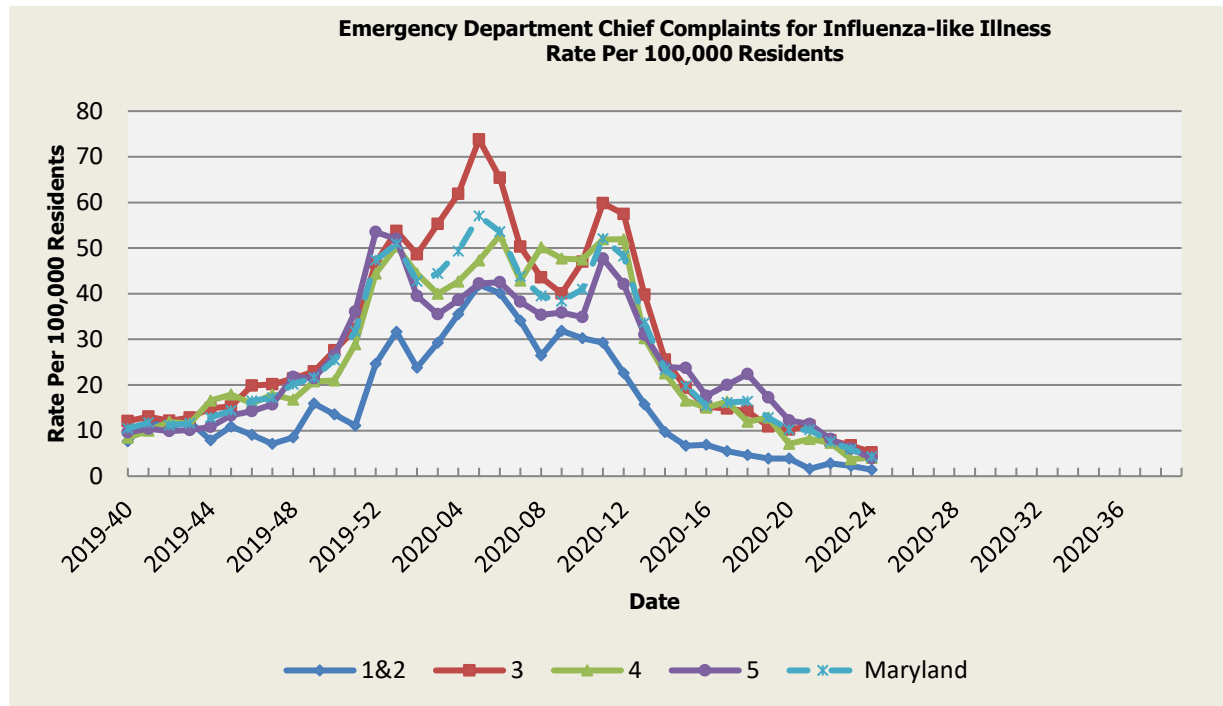
The most up-to-date information may be found on the Maryland Department of Health website at <https://coronavirus.maryland.gov>.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). **Due to the COVID-19 pandemic, influenza reporting will be extended to the beginning of the 2020-2021 reporting season (MMWR Week 40/Week Ending October 3, 2020).**

Influenza-like Illness

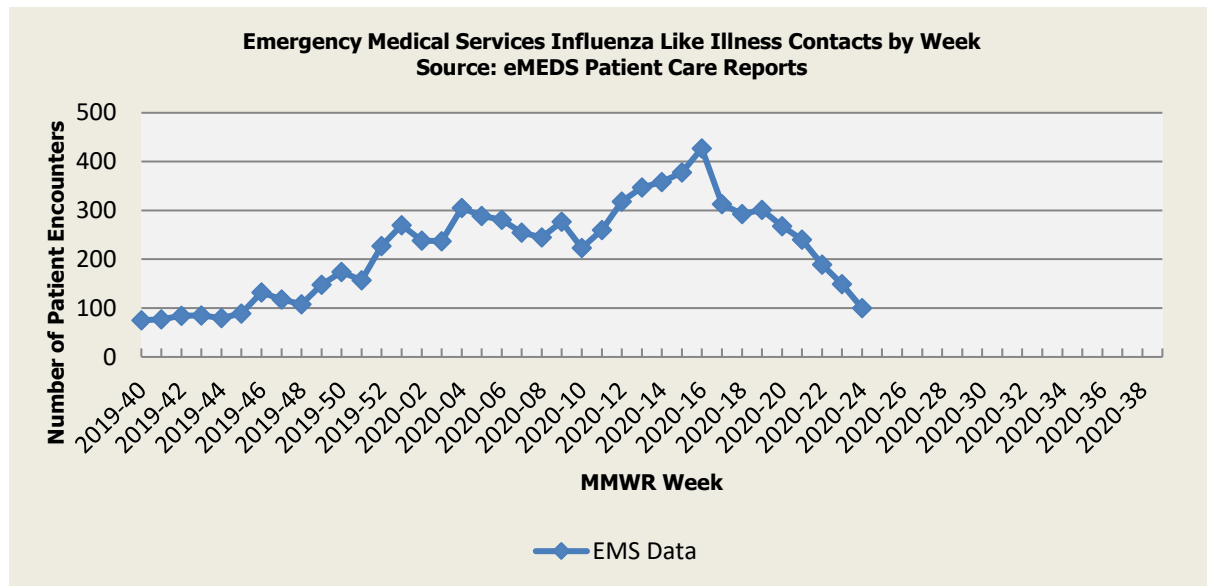


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.53	14.36	13.65	12.16	13.14
Median Rate*	7.66	10.63	9.72	9.04	9.76

* Per 100,000 Residents

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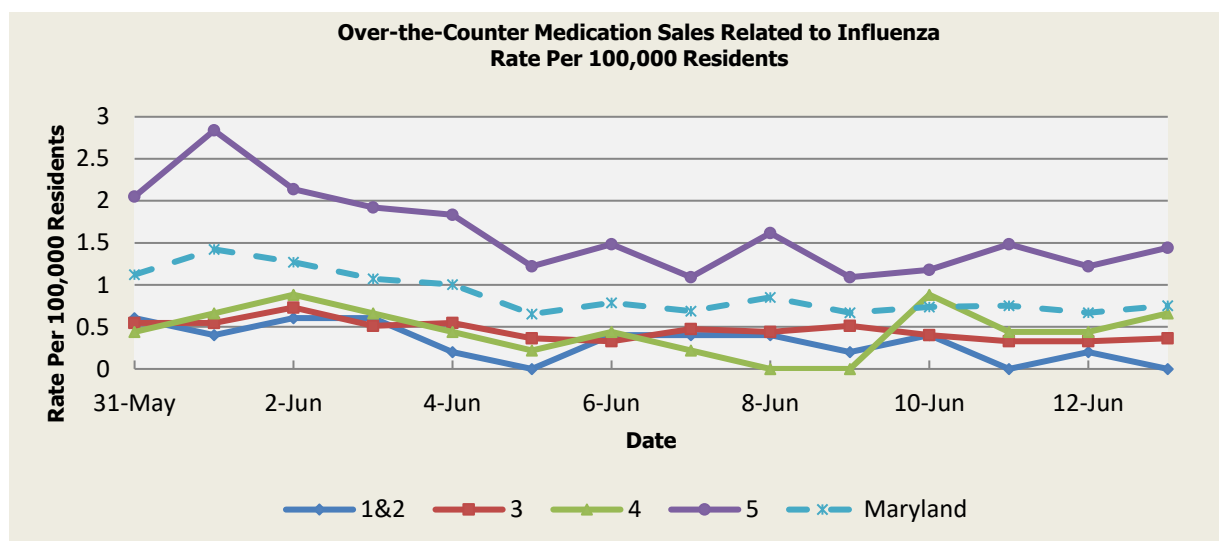
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



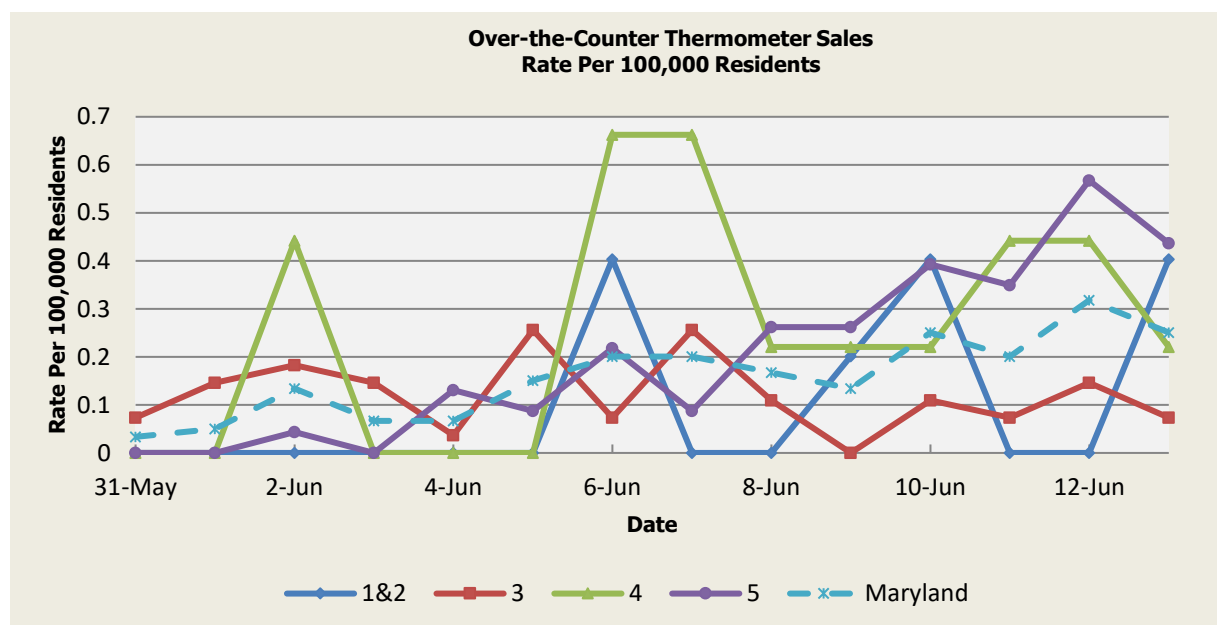
There was no appreciable increase above baseline in the rate of OTC Medication Sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.37	4.31	2.62	7.69	5.40
Median Rate*	2.62	3.40	2.21	6.94	4.62

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was no appreciable increase above baseline in the rate of OTC Thermometer Sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.81	2.67	2.14	3.54	2.97
Median Rate*	2.62	2.59	1.99	3.49	2.96

* Per 100,000 Residents

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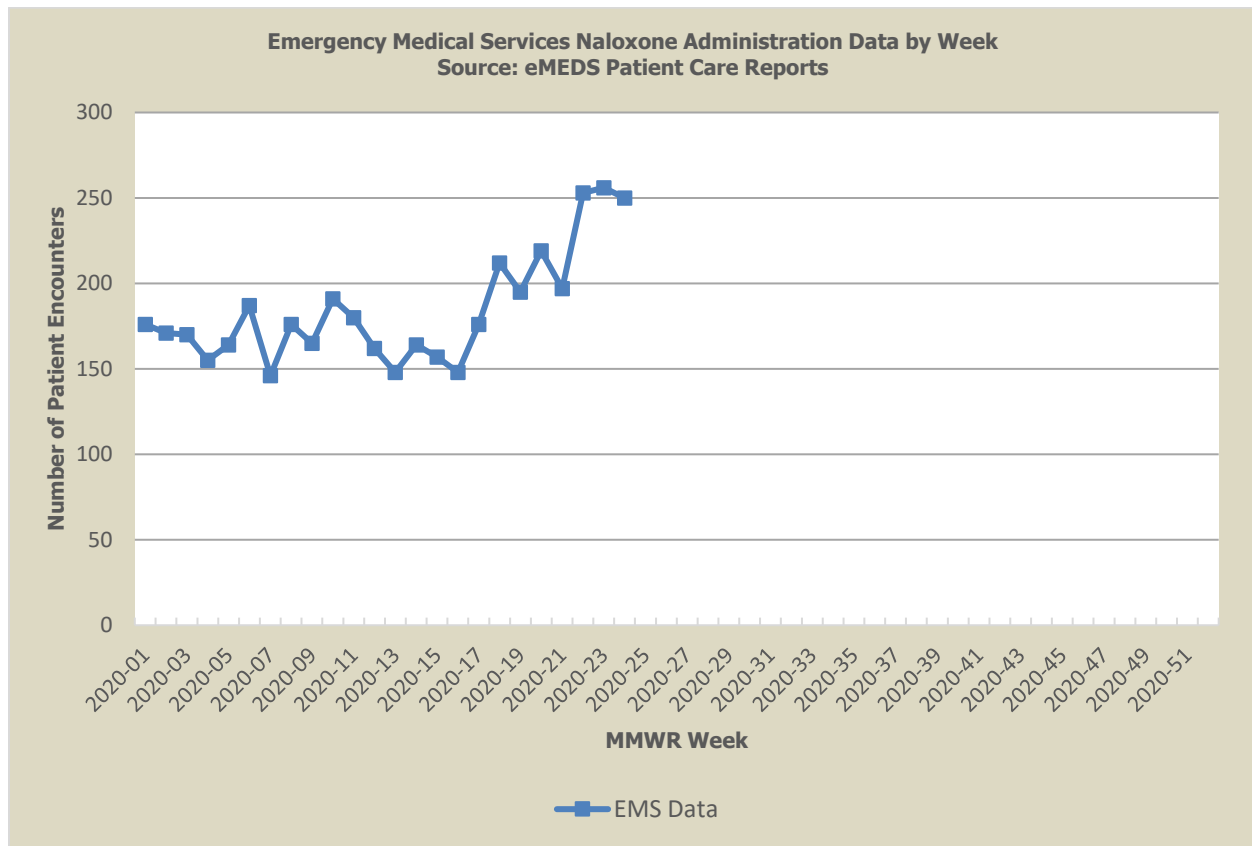
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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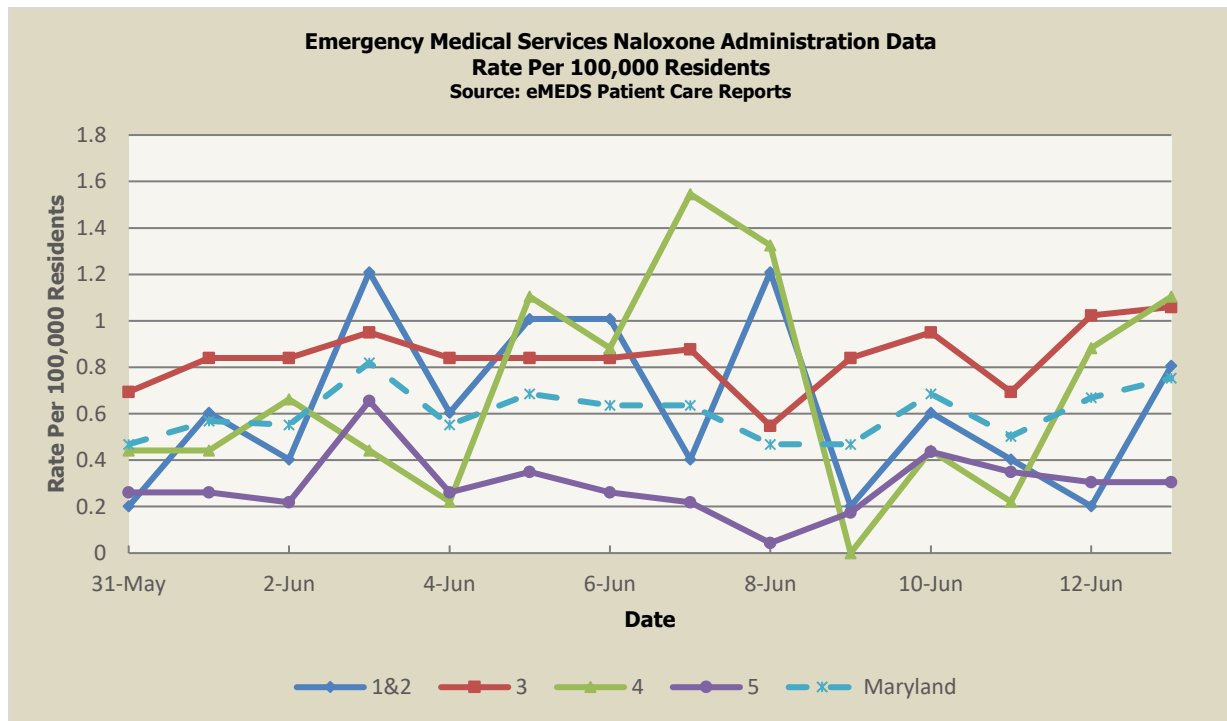
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 19th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

POWASSAN VIRUS ENCEPHALITIS (WISCONSIN), 16 June 2020, A kidney transplant patient without known tick exposure developed encephalitis 3 weeks after transplantation. During the transplant hospitalization, the patient had received a blood transfusion from an asymptomatic donor later discovered to have been infected with Powassan virus. Read More: <https://promedmail.org/promed-post/?id=7473879>

BOURBON VIRUS (NORTH CAROLINA), 15 June 2020, Bourbon virus (Thogotovirus, Orthomyxoviridae) was discovered in 2014 when a patient with history of multiple tick bites in Kansas died from an unknown infection. Read More: <https://promedmail.org/promed-post/?id=7472620>

CORONAVIRUS DISEASE 2019 UPDATE (MULTISTATE), 12 June 2020, From apple packing houses in Washington state to farm workers in Florida and a California county known as "the world's salad bowl," outbreaks of the novel coronavirus [COVID-19] are emerging at US fruit and vegetable farms and packing plants. Read More: <https://promedmail.org/promed-post/?id=7448037>

INTERNATIONAL DISEASE REPORTS

CORONAVIRUS DISEASE 2019 UPDATE (CHINA), 16 June 2020, Beijing is reintroducing strict lockdown measures and rolling out mass testing after a fresh cluster of novel coronavirus [SARS-CoV-2] cases emerged from the city's largest wholesale food market, sparking fears of a resurgence of the deadly outbreak. Read More: <https://promedmail.org/promed-post/?id=7473860>

TICK-BORNE ENCEPHALITIS (FRANCE), 16 June 2020, As of [10 Jun 2020], 37 cases of tickborne encephalitis or attenuated flu-like forms linked to the consumption of raw milk goat cheeses have been reported to the regional health agency (ARS). Read More: <https://promedmail.org/promed-post/?id=7476155>

HANTAVIRUS (ARGENTINA), 16 June 2020, The Office of the Director of the Rural Hospital of Epuyen [HZE] stated that, given the confirmed case of a hantavirus infection, they have taken coordinated action per the protocol consisting of the isolation of 6 people, companions of the patient who is hospitalized in the HZE. Read More: <https://promedmail.org/promed-post/?id=7472877>

TICK-BORNE ENCEPHALITIS (RUSSIA), 15 June 2020, Siberia is facing an historic battle against a tiny but sometimes deadly arachnid, the tick. Read More: <https://promedmail.org/promed-post/?id=7472703>

CHOLERA, DIARRHEA AND DYSENTERY UPDATE (Yemen), 15 June 2020, The Ministry of Public Health and Population of Yemen reported 2489 suspected cases and one associated death during epidemiological week 21 (18-24 May) of 2020, with 16% of the cases reported as severe. Read More: <https://promedmail.org/promed-post/?id=7471504>

AFRICAN SWINE FEVER (NIGERIA), 16 June 2020, One of Nigeria's largest pig co-operative farms, located in Lagos State, has been affected by an outbreak of the deadly African swine fever. Read More: <https://promedmail.org/promed-post/?id=7466627>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 13 June 2020, The epidemiological situation of the ebolavirus disease (EVD) in the provinces of North Kivu and Ituri dated 10 Jun 2020. Read More: <https://promedmail.org/promed-post/?id=7465379>

ALTAI HANTAVIRUS (RUSSIA), 12 June 2020, The staff of the TSU Biological Institute, in joint research with the Federal Service for Supervision of Consumer Rights Protection and Human Well-Being "Vector," has found a rare and poorly studied Altai hantavirus in the Tomsk Region for the 1st time. Read More: <https://promedmail.org/promed-post/?id=7459655>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

